

LC 44886
COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1960

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1960)

Chairman :

Alderman E. MARSHALL, M.B.E., J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING

Councillor B. S. ARNOLD

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN

Councillor Mrs. A. L. HINDLE

Councillor P. MARTIN, J.P.

Councillor F. O. STANSFIELD

Mr. W. E. JOLLEY, J.P.

Rev. J. A. CUNNINGHAM, O.S.B.

Rev. J. RUSSELL

Ex-Officio :

Councillor G. E. COOPER, J.P. (Mayor)

Rev. CANON E. DOWNHAM, B.A.
(Deputy-Chairman of the Education Committee)

Chief Education Officer : H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1960)

Principal School Medical Officer :

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

PERCY THOMAS REGESTER, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers :

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

MARY GRAHAM, M.B., Ch.B.

THOMAS F. LEONARD, M.B., Ch.B., D.P.H.

Principal School Dental Officer :

A. P. FINLAY, L.D.S., R.F.P.S.(Glas.)

School Dental Officers :

Mrs. PHYLLIS E. LAWTON, L.D.S.

A. C. CRAWFORD, L.D.S., R.C.S.(Eng.) (Appointed 1.7.60)

J. S. BENNETT, L.D.S. (Appointed 1.4.60)

Mrs. FRED A. WILLIAMS, L.D.S. (Part-time — ceased 31.3.60)

Mr. A. N. PLACE, L.D.S. (Part-time — ceased 31.3.60)

Educational Psychologist :

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate
Certificate in Education (Lond.)

Superintendent of Health Visitors and School Nurses :

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.)

Speech Therapist :

FRANCES G. BATESON, L.C.S.T.

Visiting Consultants :

Ophthalmic : SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.(R.C.P. & S.)

Ear, Nose and Throat : R. PRACY, F.R.C.S.(Eng.), L.R.C.P.(Lond.)

Child Psychiatrist : H. S. BRYAN, M.R.C.S.(Eng.), L.R.C.P.(Lond.)

Orthodontist : J. ANGELMANN, L.D.S., H.D.D., F.D.S., R.C.S.(Edin.)

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC

Mon., Wed., Thurs., 9-0 a.m. to 9-45 a.m.	Examination of cases referred by Teachers, Education Welfare Officers, School Nurses, etc.
--	--

MINOR AILMENTS CLINIC

Monday to Friday 9-0 a.m. to 9-45 a.m.	Treatment of contagious diseases of the skin, eyes, etc.
Saturday 10-0 a.m. to 12 noon	Vaccination and immunisation.

DENTAL CLINIC

Monday to Friday (by appointment) Daily 9-20 a.m. to 10 a.m.	Dental treatment (including orthodontic treatment) Emergency treatment.
---	---

EAR, NOSE AND THROAT CLINIC

Examinations : Second and Fourth Friday in month, 10-0 a.m.
Out-Patient treatment : Daily (by appointment).
Operations are performed at the Warrington General Hospital on
Thursday mornings.

CHILD GUIDANCE CENTRE

Child Psychiatrist (Monday by appointment).
Educational Psychologist (Daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PÆDIATRIC CLINIC (Warrington General Hospital)

Wednesday Afternoons (by appointment).

ORTHOPÆDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment :

Tuesday, 2-0 p.m.	Treatment of postural and crippling defects, etc.
Friday 9-30 a.m. to 11 a.m.	

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 2-0 p.m.	Examination and treatment of errors of refraction and squint.
Friday, 9-0 a.m. (by appointment)	

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday, 9-0 a.m. to 4-30 p.m.	} Treatment of cases of squint.
Tuesday, 9-0 a.m. to 12 noon	
Wednesday, 9-0 a.m. to 12 noon	
Friday, 9-0 a.m. to 4-30 p.m.	

To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the schoolchildren of Warrington for the year 1960.

Once again I have pleasure in recording that the health of the schoolchildren remained good and there were no disturbing incidents during the year.

The service operated with a full establishment, when we were successful in appointing two more whole-time dental officers. The dental service has made great strides under the impetus of four whole-time dental officers, together with a part-time orthodontic consultant.

The Speech Therapy Service made great strides also, and this valuable work is proceeding smoothly and efficiently.

The Child Guidance Clinic continued to operate on the same lines as previously, but was somewhat disrupted towards the end of the year, in view of the replacement of Dr. Bryan, who was privately appointed by the local authority, by a consultant seconded by the Liverpool Regional Hospital Board.

The revised system of school medical inspection with the attachment of medical officers to individual schools has, so far, worked entirely satisfactorily and head teachers have expressed appreciation of being able to deal with one medical officer.

Great efforts have been made during the year in the ascertainment of handicapped children, and it will be noted that during the year 32 educationally subnormal children were recommended for special treatment.

At all times, the unfailing interest and support of the Chairman and members of the School Medical Service Sub-Committee have provided great inspiration to the staff, and I am very grateful to them for their help on all occasions.

The excellent relationship which exists between the Education Department and the School Health Service has been an invaluable asset in implementing the recent changes and in ensuring that the maximum efficiency is obtained from the School Health Service. I wish to record my thanks to the Chief Education Officer and all his staff, as well as to all members of my own staff for their efforts to produce an efficient and co-ordinated service.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.

THE SERVICE

The service continued to operate on the same lines as in the latter part of the previous year and the changes which were introduced in September, 1959, providing for a revised form of medical inspection have, so far, proved entirely satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with regular informal visiting has resulted, in most cases, in the school medical officer becoming an integral part of the staff of that school, and a person to whom direct approach can be made with minor day-to-day problems.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received both from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the regular visits of school medical officers to the schools to which they are attached. There is every indication that this system has many advantages over the former arrangements of more frequent routine visiting, ensuring, as it does, that medical time and labour is spent mainly upon those children who most need attention. In addition, this system provides a more interesting job and obviates a certain amount of the frustration which many medical officers feel at performing large numbers of intermediate medical examinations.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 250 children to ascertain their fitness for employment and none was found to be unfit.

EAR, NOSE AND THROAT CLINIC

Clinics have been held regularly twice a month under the direction of Mr. Pracy, Consultant Ear, Nose and Throat Surgeon. The main work of this clinic is the detection and treatment of the deaf child and many of the patients attending the clinic are those who have been found by routine audiometric examination to be suspected of defective hearing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

						“ Pure-Tone ” Audiometer
Primary Tests						
Number of schools visited	...	...	...	...		44
Number of group tests	...	...	...	...		114
Number of children tested	...	...	...	...		2056
Number of Primary failures	...	...	...	...		155
Secondary Tests						
Number of group tests	...	...	...	...		73
Number of children tested	...	...	...	...		266
Number of double failures	...	...	...	...		119
Disposal of Cases						
Nothing abnormal found after treatment	...	...	...	...		15
Receiving treatment	...	...	...	...		21
Referred for operative treatment	...	...	...	...		34
Treatment not beneficial	...	...	...	...		4
Still receiving treatment (from previous years) or investigation	...	...	...	...	...	11
Treatment refused	...	...	...	...	...	1

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 647 children attended the clinic in 1960.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table A, Part III of the Appendix. 733 schoolchildren and 567 pre-schoolchildren were the recorded attendances at the Orthoptic Clinic at Warrington General Hospital in respect of Borough children.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 128 children made 249 attendances at this special clinic. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopædic problems are referred to the hospital service, but these are now considerably reduced and consist mainly of foot abnormalities and muscular paralyses.

General medical problems are referred to the Pædiatric Out-Patient Clinic, and considerable assistance is received in the reports of the Consultant Pædiatrician.

SPEECH THERAPY CLINIC

REPORT OF THE SPEECH THERAPIST

Just over a year has passed since the re-opening of the Speech Therapy Clinic.

Referral of cases has continued from the School Medical Officers, the Psychiatrist, the Educational Psychologist, the Health Visitors, the Family Doctors and the Head Teachers of the schools. There have proved to be more than enough cases to be dealt with, in fact, the chief problem is the wait that occurs between primary interview and commencement of regular treatment. The turnover is naturally slow, and this, together with the accumulation of cases during a gap of three years, has made the case load a heavy one.

Ideally more time could be given to each child, but the regular attendance of nearly all the patients, and the co-operation of their parents has helped to compensate for this. A strong link with home is important in the treatment of children with speech defects, as specific speech practice is often necessary on the one hand and the carrying out of advice by the parents on the other. In the case where both parents are working there is little contact with home and the child progresses more slowly.

The Head Teachers and class teachers have helped greatly with general information about the children in school, their background and their progress in speech. Remarks such as "He is stammering far less frequently" or "I can understand what she says now" are very encouraging from someone who sees the patient in everyday life.

Short talks about the importance of fluent, intelligible speech in young children and how speech therapy can help those who have not been fortunate enough to acquire it naturally, were given to the Parent-Teacher Associations of some schools. A real interest was shown which was encouraging, as many speech defects are caused primarily by lack of speech stimulation in the early years, or by expectation of a higher standard of speech and language than a child's mental age will allow. School visits continued throughout the year.

Dyslalia—the substitution, omission, distortion and transposition of speech sounds was found to be the most frequent defect. Stammering appeared often and delayed language too. One defect accompanied another in many cases. Four cases of cleft palate were seen, three post-operative and one pre-operative. Two children, referred because of speech difficulties were found to be extremely deaf. One is now at a residential school for the deaf, the other has been given a new type of hearing aid by the E.N.T. Specialist and is receiving regular treatment at the Speech Clinic. There were other less severe cases of deafness. It was invaluable having audiometric tests, both primary and secondary, for investigation. Speech defects are often found in children of low intelligence. The I.Q. given by the Educational Psychologist is a guide in determining whether the child will benefit from Speech Therapy. Despite a child's capabilities other factors have to be taken into consideration, the most important being the degree of the child's willingness to overcome his speech handicap. Even in the willing cases prognosis is uncertain. It is debatable how many children of low intelligence should attend a School Speech Clinic at one time. Children of very low intelligence have not been accepted for treatment.

A survey over six months shows the 5 - 9 age range contained the largest number of children requiring Speech Therapy, 6 and 7 years being peak period.

Treatment was carried out individually in the majority of cases. Sometimes it was found beneficial for a child to be with one or two others, and there was one larger group for six and seven year olds which was a great success. It is hoped to have more groups of this kind for different ages in the coming year. New equipment was greatly appreciated.

Whatever the speech defect each child was treated as an individual, and was given the therapy thought most suitable for him.

1. *Investigation of Cases referred :*

No. of new patients seen	...	...	...	...	...	177
No. of new patients accepted for regular treatment	...				...	93
No. of new patients placed under observation	...				...	31
No. of new patients placed under observation	...				...	31
No. of new patients not requiring treatment	...				...	49
No. of new patients not suitable for treatment	...				...	4

2. *Treatment of Cases :*

No. of cases treated	...	...	...	...	...	136
No. of attendances made	...	...	...	...	...	2089
No. of cases discharged :						
(a) Speech normal	...	...	...	...	...	44
(b) Not suitable for further treatment	...				...	3
(c) Referred for other forms of treatment	...				...	3
(d) Non-attendance	...	...	...	...	...	9
(e) Moved out of the area	...	...	...	...	...	1
No. of cases seen during the year	...	...	...	...	...	251
No. of cases still being treated on 31.12.60	...				...	74

THE WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. Following the revised arrangements for school medical inspection the school nurses carry out routine vision testing on all schoolchildren in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 43 cases. In two cases it was necessary to issue a Cleansing Order for the compulsory cleansing of children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below :—

	1960	1959
Visits to homes of children (in many cases assisting with treatment)	288	127
Attendance at medical inspections in schools ...	219	185
Visits to schools for cleanliness inspections and re-inspections	574	519
Number of cases of uncleanness treated at the school clinic	187	143
Number of attendances of uncleanness cases at the school clinic	557	443

CHILD GUIDANCE CLINIC

This clinic continued to operate on the same lines as in previous years. 27 new cases were seen during the year and 233 visits were made by patients for consultation with the psychiatrist.

In the latter half of the year intimation was received from the Regional Hospital Board that they would shortly be able to provide the part-time services of a Consultant Psychiatrist to staff the local authority clinic. Arrangements were, therefore, made for the Regional Hospital Board psychiatrist to commence duties at the beginning of 1961. As a result, the latter half of the year was, to some extent, concerned with reviewing cases in preparation for the change of consultant. It was with regret that Dr. Bryan's services were terminated, and I would wish to place on record my indebtedness to him for his assistance during the period he was Consultant Child Psychiatrist with this authority.

THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

The service helps children with difficulties in learning, and provides advice for head teachers concerning problems of mental development and school placement. The psychologist's work is the testing of children between the ages of two and eighteen years, visiting schools, seeing parents and discussing cases with school medical officers and social workers.

A summary of the work during 1960 is set out below :

New cases undertaken	...	...	...	...	124
Referred by School Medical Officers	...	...	...	...	15
Referred by Head Teachers	...	...	...	...	103
Referred from other sources	...	...	...	...	6
By Chief Education Officer	...	...	...	1	
By Children's Officer	...	...	...	1	
Parent's approach	...	...	...	4	
Additional tests	...	...	...	...	43
Retests	...	...	...	...	31
Total number of tests administered	...	...	...	...	198
Return visits of old cases	...	...	...	...	88
No. of visits paid to schools	...	...	...	...	94
No. of cases dealt with in schools	...	...	...	...	499

Age range of children interviewed (Total 124)

Ages	...	...	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945		
Number	...	3	13	28	27	17	10	10	10	1	5	-	

Visits have been well maintained during the year, and nearly every school has been visited.

Cases are reviewed every second year so as to gauge the child's progress and to promote good adjustment to school life. Children do not slip neatly into categories ; the utmost care is therefore taken in making recommendations in three directions :—

1. *Dull children* : Requests are received to estimate the intellectual capacity of dull children, and their ability to profit from ordinary, or the day, special school.

2. *Retarded children* : These are examined in order that, as far as is practicable, special educational treatment within the ordinary school may be provided.

The shortage of teachers is a national problem, but less recognised is the fact that so very few teachers exist with qualifications to teach the dull, or to do remedial work with maladjusted or retarded pupils. A large proportion of the cases are referred on account of backwardness in reading and number, and such children, lacking basic skills, soon become retarded in all subjects where these are employed. This “ tail of the class ” constitutes a big challenge to successive teachers. Reading itself is a complex skill. Recent research shows that some school children never reach adequate number-concepts. At the clinic, the physical, developmental, social and emotional factors underlying the child's repeated failures are investigated ; the cases are too numerous for instruction there and the day-to-day instruction on remedial lines devolves upon class teachers.

Reassured by a visit, the parent thinks that now “ something will be done ” and the child, feeling better “ understood ” is more ready to apply his emotional energies in a constructive way. These good effects are, however, dissipated if they do not lead to the child's doing some individual work on “ bespoke ” lines, after his reading-age has been found. Recommendations are, that careful notes be made on the nature of the child's errors as revealed in diagnostic tests and remedial exercises prescribed, combined with a reading-scheme that will hold the child's interest and permit of an analytic record of progress. Teachers who themselves use the simple diagnostic tests of Burt and Schonell become more skilled as instructors in that they understand better the child's needs and the suggestions made by the psychologist. They are in a better position to distinguish between disabilities and laziness. Only by repeating foundation work and by including stages that form gaps do we prevent children from becoming illiterate and semi-literate, when parents so frequently provide comics and television to the detriment of effort (e.g., “ I can't understand why he doesn't read ; I buy him three comics a week, and he recognises all the soap advertisements ”). Instruction alone does not guarantee success. It is not just a problem of the child's abilities but of parent and child attitudes, for father may not read but may earn a good wage. On the other hand some parents make heroic efforts to teach ; others even unwisely cancel all pocket-money or play.

3. *Emotionally disturbed children* : The psychologist estimates the intelligence and attainments, and some of the reactions of children whose feelings have been upset by their past experiences. Cases requiring specialist treatment are referred to the consultant child psychiatrist, and

his recommendations so far as they concern school life, are then conveyed to the head teachers. The psychologist works in close touch with the school medical officers where children are handicapped, or in cases of specific disabilities of sight, hearing, muscular co-ordination, or defects of perception. A child who is a serious behaviour problem may have a history suggestive of a condition to be supervised. Head teachers, from day-to-day, refer cases where the child's work shows the effects of absences long or frequent, or of excessive parental demands, or of the actions of psychopathic adults in the household. Perhaps a child is bereaved, or in a neighbourhood with no playmates, or left alone after dark, and tensions of home friction and fears of being abandoned may build up until its troubles declare themselves in the sphere of school life or learning. The service aims at reconciling inharmonious elements in the child's life which are amenable to alteration or improvement.

This has been a full year, in which the very skilful help of the Deputy Principal School Medical Officer has been greatly appreciated.

At the moment, some methods of screening are being tried out. More use has been made of the Wechsler Intelligence Scale for Children, and of the Merrill-Palmer Scale, the Vineland Social Maturity Scale and of the Raven's Matrices test.

The increasing interest in testing shown by our head teachers led to the psychologist's demonstrating the Valentine Scale and the Goodenough Test to a group of a dozen. For the occasion, a display of books was arranged, and two leaflets prepared on the tests and on "reading readiness." Four talks have been given to parents of Infants and Junior school children, on "Getting ready for school" and on "When children steal."

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1960, together with the numbers ascertained during the year.

Classification	No. ascertained during year	Total ascertained at 31.12.60
Partially-sighted	—	5
Deaf	2	3
Partially-deaf	1	4
Delicate	4	7
Physically-handicapped ...	1	9
Educationally sub-normal	32	213
Maladjusted	2	3
Totals	42	244

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted	—	1	—	—	1
Deaf	—	1	—	—	1
Partially-deaf ...	—	4	—	—	4
Delicate	—	3	1	1	5
Physically- handicapped...	—	2	—	4	6
Educationally sub-normal ...	137	13	—	1	151
Maladjusted ...	—	1	—	—	1
Totals	137	25	1	6	169

The following handicapped pupils requiring special educational provision are still unplaced :—

Deaf	...	...	...	...	...	2
Delicate	...	...	...	...	...	3
Educationally sub-normal	...	...	...	...	...	62
Maladjusted	...	...	...	...	...	1
Physically handicapped	...	...	...	...	...	1

The Special Day School for Educationally Sub-normal children has made good progress during the year.

EDUCATIONALLY SUB-NORMAL PUPILS

There are 213 pupils ascertained as educationally sub-normal of whom 13 are in special residential schools. The needs of the majority of the others are met in the day special school.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 60 children were tested, with the following results :—

Suitable for special (day) schools	...	...	...	...	31
Suitable for special (residential) schools	...	...	...	...	1
No action necessary	...	...	...	...	17
Reported to the Local Health Authority :					
Under Section 57(3) Education Act, 1944	...	...	...	...	8
No action taken—to be retested later	...	...	...	...	3
Total	...	...	...	...	60

There are at present 213 children in this category, 62 of whom are awaiting special educational treatment, and this number will grow still further.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1960, there were 6 handicapped pupils on the home teacher's register. Of these, 4 were physically handicapped, 1 educationally sub-normal, and 1 delicate.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows :—

				1960	1959
Tuberculosis (respiratory)	...	...	...	—	2
Tuberculosis (non-respiratory)	...	...	...	—	1
Scarlet Fever	...	...	...	36	38
Whooping Cough	...	...	...	73	12
Measles	...	...	...	1	234
Pneumonia	...	...	...	1	6
Poliomyelitis	...	...	...	—	1
Meningococcal infection	...	...	...	—	1
Dysentery	...	...	...	—	7
Encephalitis	...	...	...	—	1
Food Poisoning	...	...	...	1	1
Totals	...	...	...	112	303

IMMUNISATION

Great efforts were made, especially by the Deputy Principal School Medical Officer, during the year, to secure an improved standard of immunisation amongst schoolchildren, and it is intended to increase efforts among the school entrant group in an attempt to protect the many children who do not receive immunisation before they start at school. It is found that there are many people who appear to be unwilling to bring their children before school age to be immunised, but who are only too willing to accept these procedures if carried out in school. While one would wish that immunisation were performed in the first year of life, if parents do not obtain it at that time, it is essential, for the good of the community, that these children should be protected as soon as they enter school.

Diphtheria : The number of children immunised during the year at school and at the clinic was as follows :—

Primary Courses	...	...	...	281
Secondary (Reinforcement)	...	...	...	1211
Total	...	...	...	1492

Poliomyelitis: The number of school children immunised during the year was as follows :—

Primary Course (1st and 2nd injection). 944

3rd Injection 199

A total of 2,087 injections was thus given in the Schools during the year.

B.C.G. : Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed ... 633

„ Mantoux Tests negative 545

„ B.C.G. vaccinations performed in
 school 545

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes to the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections" in Part I, Table A, in the Appendix. 262 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

Milk : There has been no change in the administrative arrangements for the supply of milk under the Milk-in-Schools scheme from those outlined in previous reports.

Meals : The Education Committee had fourteen School Kitchens supplying meals to schools throughout the year. Mid-day meals are served in all the schools. The charge is 6d. per day for the children attending special schools and 1/- per day for children at other schools. Free meals and meals for less than the full charge, are supplied to children of parents whose income is within the scale fixed by the Committee.

The following table shows the average number of meals supplied per day during the year 1960.

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,491	556	5,086	5,643	41.69

During the week ending 2nd December, 1960, 29,347 children's meals were supplied—this figure is the highest recorded figure of children's meals served in any week since the commencement of School Meals in Warrington.

PHYSICAL EDUCATION

Interest in all branches of physical education has increased throughout the year and all schools have sound schemes adapted to the very varied facilities. Equipment provided by the Authority is well used and most schools have now some indoor provisions.

The Warrington Teachers' Sports Association has organised its usual full programme of inter-school competitions in all games and athletic activities. The work of the Association is gradually expanding as facilities improve.

The Schools' Swimming Scheme has maintained its popularity during both winter and summer months and all available time at the Public Baths is taken up by Primary and Secondary Schools. The results of Royal Life Saving Society and Liverpool Shipwreck and Humane Society examinations have been very satisfactory.

The Borough Gymnasium has again proved to be a popular and useful centre for a very varied programme of physical activity and has been fully used in the day-time and evening. The premises have been used by local and national organisations for a wide variety of competitive events.

The general picture of Physical Education is most encouraging with an increasing interest in a wider range of activities being very evident amongst young people.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

The post-war era has been one of almost unrelieved gloom in the school dental service throughout the country, particularly in so far as staffing is concerned. Lack of staff has almost come to be accepted as normal, and those of us who are old enough to look back to pre-war days, when to gain entry into the service was definitely an achievement, remember them only as pleasant dreams. The difficulty then was to get in, and without previous experience one could write many applications without getting even an interview. Things are very different today, and it therefore makes it doubly refreshing to me to be able to report progress in Warrington during 1960. In my previous two annual reports I expressed my optimism that we should succeed in staff recruitment, and I am pleased to say that we reached our establishment of full-time dental officers by the middle of the year. A recent survey of 42 local authorities in England and Wales showed that in only three of these was there a full establishment of dental officers, from which it will be seen that it is quite a rarity these days. It was also shown that a large proportion of dental officers are in the over 50 age group, 48 per cent of them in fact, from which it will readily be seen that without adequate recruitment the position must rapidly deteriorate in the next 15 years. Mr. J. S. Bennett, who took up his appointment on the 1st April, and Mr. A. C. Crawford, who took up his appointment on the 1st July, have both got youth on their side, and are both more or less at the commencement of their professional careers. It is very much to be hoped, therefore, that both these officers will find the very well worthwhile work of children's dentistry to be sufficiently rewarding to decide them both in making the school dental service their career. The attaining of a full establishment of full-time dental officers meant, of course, that we had regretfully to dispense with the services of our two part-time dental officers, Mrs. F. N. Williams and Mr. A. N. Place, and I should like to take this opportunity to express my personal thanks to both these officers for their invaluable contribution to the successful running of the service during a difficult period. The establishment of dental attendants was also increased during the year by the making of two new appointments. Both these young ladies have readily fitted into the scheme of things, and have a pleasant and reassuring manner with their young charges.

With the past year being the first complete 12 months in the new clinic, and having a full staff during the latter half, it is only natural that the volume and variety of work was infinitely greater than anything in previous years. It is interesting to note that the number of attendances made by pupils for treatment rose from 5,292 in 1959 to 8,787 in 1960. The orthodontic service remains extremely popular, although I am afraid the demands for this specialised and important treatment exceed the time available. I should like very much to see an expansion here in the not too distant future. It was unfortunate that this service received a set-back at the end of October by Mr. Angelman having to give up temporarily owing to circumstances beyond his control. I hope very much that he will be able to return in the near future.

It was found possible this time to include the Junior Training Centre in the scheme for routine inspection and treatment, the acceptance rate of 79 per cent making it well worthwhile. Many of these cases are extremely difficult to treat, but I am sure that the dental officers concerned, Mrs. Lawton and Mr. Crawford, derived a good deal of satisfaction from their efforts.

The average acceptance rate of all schools in recent years has been steady at between 61 and 62 per cent. This year, however, it is pleasing to record a substantial jump to 67 per cent. Again the infant departments lead the way with an overall acceptance of 75 per cent, as against their seniors 55 per cent, with juniors in between at 66 per cent. The year's highest acceptors were Heathside C.E. Infants, with the really staggering figure of 100 per cent, and at the other end of the scale was Parochial C.E. Junior Boys with 44 per cent.

Again I offer my sincere thanks to all the members of my own staff, to the school medical officers, and indeed to all those other members of the health department who co-operate so willingly from time to time. I look forward to a continuance of this invaluable co-operation in the year ahead.

DENTAL INSPECTION AND TREATMENT

Number of pupils inspected by the Authority's Dental Officers :

(a) At Periodic Inspections	...	...	...	...	6539	
(b) At Special Inspections	...	...	...	...	2090	
						8629

Number found to require treatment ... 6789

Number offered treatment ... 5646

Number actually treated ... 4070

Number of attendances made by pupils for treatment,
including those recorded at Orthodontics(h) ... 8787

Half-days devoted to :

(a) Periodic (School) Inspection	...	...	...	...	56	
(b) Treatment	...	...	...	...	1400	
						1456

Fillings :

(a) Permanent Teeth	...	...	...	...	4429	
(b) Temporary Teeth	...	...	...	...	64	
						4493

Number of Teeth filled :

(a) Permanent Teeth	...	...	...	...	3589	
(b) Temporary Teeth	...	...	...	...	63	
						3652

Extractions :

(a) Permanent Teeth	...	...	...	...	2556	
(b) Temporary Teeth	...	...	...	...	4234	
						6790

Administration of general anæsthetics for extraction ... 3437

Orthodontics :

(a) Cases commenced during the year	...	...	...	...	45
(b) Cases carried forward from previous year	...	...	...	...	29
(c) Cases completed during the year	...	...	...	...	30
(d) Cases discontinued during the year	...	...	...	...	—
(e) Pupils treated with appliances	...	...	...	...	52
(f) Removable appliances fitted	...	...	...	...	50
(g) Fixed appliances fitted	...	...	...	...	2
(h) Total attendances	...	...	...	...	682

Number of pupils supplied with artificial teeth ... 74

Other operations :

(a) Permanent teeth	...	...	...	...	473	
(b) Temporary teeth	...	...	...	...	21	
						494

APPENDIX

MINISTRY OF EDUCATION

Medical Inspection Returns

Year ended 31st December, 1960

PART I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6
1956 and later	190	190	100·00	—	—
1955	691	690	99·86	1	0·14
1954	535	534	99·81	1	0·19
1953	35	35	100·00	—	—
1952	18	18	100·00	—	—
1951	9	9	100·00	—	—
1950	6	6	100·00	—	—
1949	3	3	100·00	—	—
1948	18	18	100·00	—	—
1947	27	25	92·60	2	7·40
1946	591	588	99·49	3	0·51
1945 and earlier	638	636	99·69	2	0·31
TOTALS ...	2761	2752	99·67	9	0·33

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES : Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect.
 Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Part II 3	Total individual pupils 4
1956 and later	—	5	5
1955	—	10	10
1954	—	26	23
1953	—	2	2
1952	—	—	—
1951	—	—	—
1950	—	—	—
1949	3	3	6
1948	—	—	—
1947	—	—	—
1946	29	11	39
1945 and earlier	58	14	72
TOTALS ...	90	71	157

TABLE C.—OTHER INSPECTIONS

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
 A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	1205
Number of Re-inspections	...	...	...	15
Total	...	...	...	1220

TABLE D.—INFESTATION WITH VERMIN

NOTES : All cases of infestation, however slight, should be included in Table D.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	...	30017
---	-----	-----	-----	-----	-----	-----	-------

(b) Total number of individual pupils found to be infested	1637
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	43
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	2

PART II—Defects found by Medical Inspection during the year.

TABLE A.—PERIODIC INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) 3	(O) 4	(T) 5	(O) 6	(T) 7	(O) 8	(T) 9	(O) 10
4	Skin	1	8	6	5	2	5	9	18
5	Eyes (a) Vision ...	16	9	71	61	3	10	90	80
	(b) Squint ...	6	4	—	1	—	5	6	10
	(c) Other ...	1	—	—	—	—	—	1	—
6	Ears (a) Hearing ...	—	14	1	6	—	7	1	27
	(b) OtitisMedia	2	7	—	4	1	9	3	20
	(c) Other ...	—	2	—	—	—	1	—	3
7	Nose and Throat ...	7	76	—	3	4	22	11	101
8	Speech	10	20	—	—	—	10	10	30
9	Lymphatic Glands .	1	6	—	—	—	5	1	11
10	Heart	1	22	1	—	—	9	2	31
11	Lungs	—	25	1	8	—	8	1	41
12	Developmental :								
	(a) Hernia ...	—	4	1	1	—	—	1	5
	(b) Other ...	1	37	—	3	—	7	1	47
13	Orthopædic :								
	(a) Posture ...	2	8	—	3	—	6	2	17
	(b) Feet	1	38	—	1	—	26	1	65
	(c) Other ...	2	33	9	10	2	28	13	71
14	Nervous System :								
	(a) Epilepsy ...	—	1	—	1	—	—	—	2
	(b) Other ...	—	3	1	—	—	2	1	5
	Psychological :								
	(a) Development.	—	2	—	—	—	2	—	4
	(b) Stability ...	4	31	—	—	—	8	4	39
16	Abdomen	—	—	—	—	—	—	—	—
17	Other	1	6	2	1	—	6	3	13

TABLE B—SPECIAL INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	688	3
5	Eyes (a) Vision	223	23
	(b) Squint	4	3
	(c) Other	11	4
6	Ears (a) Hearing	11	3
	(b) Otitis Media	11	2
	(c) Other	42	2
7	Nose and Throat	9	62
8	Speech	13	17
9	Lymphatic Glands	—	8
10	Heart	1	20
11	Lungs	1	25
12	Developmental :		
	(a) Hernia	2	—
	(b) Other	2	16
13	Orthopædic :		
	(a) Posture	—	3
	(b) Feet	5	38
	(c) Other	12	33
14	Nervous System :		
	(a) Epilepsy	—	—
	(b) Other	1	5
15	Psychological :		
	(a) Development	—	—
	(b) Stability	14	19
16	Abdomen	—	—
17	Other	3	14

PART III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

NOTES : This part of the return should be used to give the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint) ...	1017
TOTAL	1025
Number of pupils for whom spectacles were prescribed	522

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsilitis ...	166
(c) for other nose and throat conditions...	2
Received other forms of treatment ...	113
TOTAL	286
Total number of pupils in schools who are known to have been provided with hearing aids :	
*(a) in 1960	3
(b) in previous years	19

*A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	270
(b) Pupils treated at school for postural defects	—
TOTAL	270

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

						Number of cases known to have been treated
Ringworm (a) Scalp	...	...	...			—
(b) Body	...	...	...			2
Scabies	...	...	...	...	...	2
Impetigo	...	...	...	...	...	9
Other skin diseases	...	...	...	...	...	306
TOTAL	...	...	...	...	...	319

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	41

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	136

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	57
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	5
(c) Pupils who received B.C.G. vaccination	545
(d) Other than (a). (b) and (c) above. Please specify :	
GENERAL MEDICAL ...	12
GENERAL SURGICAL ...	131
TOTAL (a)—(d) ...	750

PART IV.

TABLE H.—HEIGHT

	Age	No. Examined 1960	1957 ft. ins.	1958 ft. ins.	1959 ft. ins.	1960 ft. ins.
BOYS						
Entrants	4	7	3 2½	3 4¾	3 2½	3 2½
	5	311	3 6	3 6¼	3 6¼	3 6¼
	6	285	3 7	3 6½	3 7½	3 7¾
	7	24	3 10¼	3 9½	3 11¾	3 10
Second age Group	8	—	4 0	4 0	—	—
„	10	—	—	—	—	—
„	11	—	4 7¾	4 8¾	—	—
Third age Group ...	14	388	5 2¼	5 2½	5 1¾	5 3
Other Periodic Inspections : (Nursery Classes)	3	10	3 2¾	3 2	—	3 1½
	4	90	3 2½	3 3¼	3 3¼	3 3
	5	43	3 5	3 4¾	3 5¼	3 3¾
GIRLS						
Entrants	4	5	3 3	3 5½	3 2¼	3 3½
	5	297	3 6	3 6	3 5	3 5¾
	6	250	3 6¾	3 8¼	3 7	3 7
	7	27	3 10	3 9	3 9½	3 10
Second age Group	8	—	3 11¾	3 11½	—	—
„	10	—	—	—	—	—
„	11	—	4 9	4 9	—	—
Third age Group ...	14	400	5 1	5 1¼	5 0½	5 1½
Other Periodic Inspections : (Nursery Classes)	3	6	3 1	3 0¼	3 2½	3 1
	4	72	3 2¾	3 3	3 3	3 2½
	5	41	3 4½	3 4½	3 4	3 4

TABLE J.—WEIGHT

	Age	No. Examined 1960	1957 st. lb.	1958 st. lb.	1959 st. lb.	1960 st. lb.
BOYS						
Entrants	4	7	2 7 $\frac{3}{4}$	2 9 $\frac{3}{4}$	2 7 $\frac{1}{2}$	2 6 $\frac{3}{4}$
	5	311	2 12 $\frac{3}{4}$	2 12	2 12 $\frac{3}{4}$	2 12 $\frac{3}{4}$
	6	285	3 0 $\frac{3}{4}$	3 2 $\frac{3}{4}$	3 1 $\frac{1}{4}$	3 0 $\frac{1}{2}$
	7	24	3 9 $\frac{1}{4}$	3 5 $\frac{3}{4}$	3 6	3 5 $\frac{3}{4}$
Second age Group	8	—	3 11 $\frac{1}{4}$	3 11	—	—
„	10	—	—	—	—	—
„	11	—	5 12 $\frac{1}{2}$	5 11 $\frac{3}{4}$	—	—
Third age Group ...	14	388	7 8 $\frac{1}{4}$	7 8 $\frac{1}{4}$	7 12 $\frac{1}{4}$	7 12 $\frac{1}{4}$
Other Periodic Inspections : (Nursery Classes)	3	10	2 5 $\frac{3}{4}$	2 4 $\frac{3}{4}$	—	2 7 $\frac{1}{4}$
	4	90	2 7	2 8	2 7 $\frac{1}{2}$	2 7 $\frac{3}{4}$
	5	43	2 11 $\frac{1}{4}$	2 10 $\frac{3}{4}$	2 10	2 8 $\frac{1}{2}$
GIRLS						
Entrants	4	5	2 6 $\frac{1}{4}$	2 8	2 5 $\frac{3}{4}$	2 5 $\frac{1}{4}$
	5	297	2 10 $\frac{1}{4}$	2 12	2 10 $\frac{1}{2}$	2 11
	6	250	2 12 $\frac{3}{4}$	3 1	2 13 $\frac{1}{4}$	2 13 $\frac{3}{4}$
	7	27	3 6	3 3 $\frac{1}{4}$	3 5 $\frac{1}{4}$	3 5 $\frac{3}{4}$
Second age Group	8	—	3 10	3 10 $\frac{1}{2}$	—	—
„	10	—	—	—	—	—
„	11	—	6 0 $\frac{3}{4}$	6 1 $\frac{1}{2}$	—	—
Third age Group ...	14	400	7 9 $\frac{3}{4}$	7 10 $\frac{3}{4}$	7 11 $\frac{3}{4}$	7 11
Other Periodic Inspections : (Nursery Classes)	3	6	2 5 $\frac{1}{4}$	2 3 $\frac{1}{2}$	2 6	2 2 $\frac{3}{4}$
	4	72	2 6 $\frac{3}{4}$	2 7 $\frac{1}{4}$	2 6 $\frac{3}{4}$	2 6 $\frac{1}{2}$
	5	41	2 10 $\frac{1}{4}$	2 9 $\frac{1}{4}$	2 8 $\frac{3}{4}$	2 9 $\frac{1}{2}$

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1960

	Boys	Girls
Notified under Section 57(3) of the Education Act, 1944	8	5